

Per California Code of Regulations, title 2, section 548.5, the following information will be posted to CalHR's Career Executive Assignment Action Proposals website for 30 calendar days when departments propose new CEA concepts or major revisions to existing CEA concepts. Presence of the department-submitted CEA Action Proposal information on CalHR's website does not indicate CalHR support for the proposal.

A. GENERAL INFORMATION

1. Date

September 1, 2022

2. Department

California Department of Public Health

3. Organizational Placement (Division/Branch/Office Name)

Regional Public Health Office

4. CEA Position Title

Deputy Director, Regional Public Health Office

5. Summary of proposed position description and how it relates to the program's mission or purpose.
(2-3 sentences)

The proposed Career Executive Assignment (CEA) A, Regional Public Health Office Deputy Director will promote and advance the public health and safety of the smaller or resource poor health departments statewide, by convening local partners, establishing networks, and developing policy and programming recommendations that best address the needs of the population. The Regional Public Health Office focuses on developing strategic approaches in addressing health disparities to increase the capacity of public health infrastructure, and provides resources that address the needs within our communities.

6. Reports to: (Class Title/Level)

Susan Fanelli, Chief Deputy Director, Health Quality and Emergency Response

7. Relationship with Department Director (*Select one*)

- ☒ Member of department's Executive Management Team, and has frequent contact with director on a wide range of department-wide issues.
- ☐ Not a member of department's Executive Management Team but has frequent contact with the Executive Management Team on policy issues.

(*Explain*):

8. Organizational Level (*Select one*)

- ☐ 1st ☒ 2nd ☐ 3rd ☐ 4th ☐ 5th (mega departments only - 17,001+ allocated positions)

B. SUMMARY OF REQUEST

9. What are the duties and responsibilities of the CEA position? Be specific and provide examples.

The CEA A will provide expert technical and administrative consultation in all areas of responsibility, and personally assist in the identification, analysis, and resolution of the most complex, controversial, and/or sensitive issues that could result in severe financial or programmatic consequences. This position will manage and direct the activities of the Regional Public Health Office (RPHO) in the development, integration and evaluation of programs and policies for Local Health Jurisdictions (LHJs). The CEA A will implement, and evaluate statewide public and environmental health policies, recommendations, programs, and partnerships to improve the health status of California's population. The RPHO Deputy Director will provide general oversight for 28 plus staff and the administration of 200 million dollars in local assistance funding (general fund dollars), legislation, and program policy; ensure compliance with state personnel and fiscal requirements and adherence to state policy and rules; and ensure that programs monitor, account for, and report on program operations, expenditures, and outcomes while fulfilling program missions and mandates.

The CEA A will serve as an expert technical and administrative consultant to resolve highly complex, controversial and/or sensitive issues to prevent negative financial or programmatic consequences. The Deputy Director, RPHO, will serve as the technical consultant to CDPH management and executives in providing centralized, professional, and technical support to the LHJs. This position will review and approve documentation pertaining to program policy and research needs, including alignment of priority program efforts across Centers, Divisions, and Offices; and ensure program accountability and staff performance. The CEA A will lead policy discussions related to regional priorities and issues with senior CDPH leadership teams.

The Deputy Director, RPHO will be responsible for developing partnerships and coordinating with federal, state, and local governments, public and private non-profit agencies, and constituencies. The Deputy Director will leverage government, public, and private resources and interests to maintain programmatic, surveillance and epidemiology functions; focus on high priority public health needs and emerging issues; and coordinate with Department/Center/State programs and initiatives. The incumbent will also represent the Department and provide support and guidance on sensitive and highly visible programs, issues, and health needs characterized by significant public interest and/or controversy, which require a high-level of public health, medical, policy, and program content expertise in addition to general management.

The proposed CEA A would lead and direct the RPHO to conduct the following policy related activities/goals:

- Provide expertise to smaller or resource poor local health departments throughout the state, particularly in the areas of communications and epidemiology/data analytics;
- Lead a forum for standardization of policy across public health regions;
- Lead a forum for gathering information to set statewide policy including a public health policy agenda for the state;
- Administer the state's Future of Public Health General Fund dollars and develop metrics, goals, and standards for investing the funds;
- Analyze regional public health needs such as regionalization of training or laboratory capacity;
- Provide oversight and direction for high level and priority regional projects;
- Support the Regional Disaster and Medical Specialists during large-scale emergency events (e.g., data collection, data analysis, and communication efforts); and
- Coordinate with the California Conference of Local Health Officers (CCHLO) Executive Administrator in the development and implementation of policies impacting both state and local programs.

B. SUMMARY OF REQUEST (continued)

10. How critical is the program's mission or purpose to the department's mission as a whole? Include a description of the degree to which the program is critical to the department's mission.

- ☒ Program is directly related to department's primary mission and is critical to achieving the department's goals.
- ☐ Program is indirectly related to department's primary mission.
- ☐ Program plays a supporting role in achieving department's mission (i.e., budget, personnel, other admin functions).

Description: CDPH's mission is to optimize the health and well-being of the people of California. The Regional Public Health Office will assist in accomplishing this goal by providing expertise to the smaller or resource poor health departments, particularly in the areas of communications and epidemiology/data analytics; providing a forum for standardization of policy across each public health region; supporting the Regional Disaster Medical and Health Specialists during large-scale emergency events; providing a forum for gathering information to set statewide policy, including a public health policy agenda for the state; administering state General Fund dollars and developing metrics, goals, and other standards for investing these funds; and analyzing other regional public health needs such as regionalization of training, laboratory capacity, and other issues. Provides support to LHJs to align with CDPH goals, including lean transformation, increasing health equity and decreasing racism/discrimination.

B. SUMMARY OF REQUEST (continued)

11. Describe what has changed that makes this request necessary. Explain how the change justifies the current request. Be specific and provide examples.

As part of California's 2019 Coronavirus (COVID-19) Response team, a Local Coordination Team (LCT) was formed, developed, and served as a single point of contact for LHJ leadership in the implementation and mitigation of strategies and programs to reduce the burden and spread of COVID-19. The LCT worked to ensure communication and coordination across multiple COVID-19 work streams, including County Data Monitoring, Blueprint for a Safer Economy, Third Party Administrator (TPA) transitions, vaccine equity operations, outbreak response, outbreak consultation, safe schools for all, communications, education and outreach, guidance and policy, vaccine allocation and distribution, provider enrollment and on-boarding, provider training and support, surveillance/data collection/data systems, and resource requesting.

Moving forward, the RPHO will build upon the LCT function, and support and facilitate regional coordination, planning, and communication of regionally specific strategies across not only the COVID-19 emergency response but other public health emergencies such as fire, outbreaks, climate change, etc. The team will work to rapidly identify and collect information and feedback on state and local strategies, programs, policies, and perspectives to inform state direction. The team will also play a critical role in identifying best practices and lessons learned in systematic coordination between state and local leadership across other programmatic priorities.

The Future of Public Health Funds (General Fund) will also be administered and monitored through the RPHO, which has a significant accountability component in which the proposed CEA A would take leadership in coordinating and communicating to key stakeholders, including the legislature.

With this change in funding and responsibility for each LHJ in a region, the RPHO will build upon the response activities of the LCT to achieve the following goals:

- 1) Provide expertise to smaller or resource poor local health departments, particularly in the areas of communications and epidemiology/data analytics, and provide a forum for standardization of policy across public health regions.
- 2) Provide a forum for gathering information to set statewide policy including the public health policy agenda for the state.
- 3) Administer the state's Future of Public Health General Fund dollars (200 million ongoing beginning in state budget year 2022) and develop metrics, goals, and standards for investing the funds.
- 4) Analyze regional public health needs such as regionalization of training or laboratory capacity.
- 5) Ensure the RPHO and its public health representative engages in effective and strategic coordination with the Regional Disaster Medical and Health Specialists to provide support during large-scale emergencies.

The establishment of the proposed CEA A position to lead the RPHO is also expected to positively impact how CDPH programs organize their regional approach to facilitate coordination and alignment. The proposed CEA A's role provides an additional lens/consideration for programmatic policy recommendations.

The proposed CEA A will coordinate with the CCLHO Executive Administrator in the development and implementation of policies impacting both state and local programs.

C. ROLE IN POLICY INFLUENCE

12. Provide 3-5 specific examples of policy areas over which the CEA position will be the principle policy maker. Each example should cite a policy that would have an identifiable impact. Include a description of the statewide impact of the assigned program.

Specific policy areas include:

200 million dollars from the Future of Public Health initiative will be allocated to LHJs through the RPHO, with funding to begin in budget year 2022-2023 and a 3 year plan due 12-18 months later. This CEA will develop metrics and policies for 3 year plans and expectations for funding allocation. The metrics will be developed in partnership with the California Conference of Local Health Officers (CCHLO) and the County Health Executive Association of California (CHEAC) during budget year 2022-2023, and will be informed by priorities identified in CHA/CHIPs (Community Health Assessments and Community Health Impact Plans) and local strategic plans with health outcomes in areas such as health promotion and prevention; mental and behavioral health; access, availability and utilization of health services; neighborhood safety; early childcare development and resiliency; and housing and homelessness. Other policies include asset and capacity building areas such as data collection and use, health equity, partnership/collaboration/communication, policy planning, LHJ quality improvement, and financial stewardship and sustainability.

The CEA will work with LHJs to identify regional public health priorities to inform the public health policy agenda for the state. Each region or LHJ has unique public health challenges and needs. Prior to the pandemic, those regional differences were not incorporated into statewide public health policy. This position will work to gather and assess collective impact to inform and recommend statewide policies.

1. Population Health work: the CEA would provide policy guidance to the RPHO in working across multiple data sources and teams across the department, would be instrumental in defining issues that lead to the greatest disparities in the region; and therefore, must work across multiple state programs to focus squarely on regional issues. As described above, the unique and specific focus of the proposed CEA is to bring a regional/local perspective to the state and is a sole policy responsibility of this position.

2. Chronic disease work: the CEA would provide policy guidance to the RPHO to navigate regional policy discussions and bring them to the state teams for statewide policy recommendations. Typically, chronic disease issues (across a spectrum of issues) faced by the community can respond positively to the same interventions. However, funding for specific chronic disease issues is categorical, which makes it administratively burdensome to coordinate and integrate. The RPHO under the direction of the proposed CEA will be providing guidance and technical assistance in the implementation of the Future of Public Health Funds, which have been allocated to Local Health Jurisdictions (general fund and considered ongoing). The funding is flexible and non-categorical, presenting an opportunity rarely seen in locally funded work. The CEA would provide policy guidance on how to approach this work holistically, lifting discussion at the local level to consider which regional level interventions would be additive to local/LHJ specific interventions. Thereafter, the proposed CEA would provide policy direction on which regional approaches, where appropriate at the state level, could be met by state policy. The above-described unique role and function would require connecting the regional policy direction with state policy efforts across various CEAs at the state department.

3. An example where the proposed CEA would be a principal policy maker relates to Public Health Accreditation of local health departments. The RPHO CEA would work in close coordination with the Office of Policy and Planning at CDPH to identify resources and areas where implementation resources can be leveraged/provided. The RPHO under the direction of the proposed CEA would lead local policy discussions across partner organizations and associations such as the California Consortium of Local Health Officers (CCLHO) and/or the California Health Executives Association of California (CHEAC) to address areas and issues related to accreditation and identify policy approaches that could be addressed at a regional level. This approach is distinctly different from the state approach where other CEAs would be the sole policy maker. Where appropriate, those regional approaches could be met by state policy.

C. ROLE IN POLICY INFLUENCE (continued)

13. What is the CEA position's scope and nature of decision-making authority?

The proposed CEA A will be a member of the Directorate, reporting to the Chief Deputy Director. The proposed CEA A will regularly update the Director, Assistant Director, Chief Deputy Directors, California Health and Human Services Agency (CalHHS) Secretary, and Governor's Office when appropriate regarding decisions, strategies, development and implementation of RPHO activities.

The proposed CEA A will coordinate with the CCLHO Executive Administrator in the development and implementation of policies impacting both state and local programs.

The decisions made by the proposed CEA A will have a substantial impact on CDPH internally, on LHJ partners regionally, and on external stakeholders and the California population at large.

14. Will the CEA position be developing and implementing new policy, or interpreting and implementing existing policy? How?

The proposed CEA A would conduct a combination of developing and implementing new policy; as well as interpreting and implementing existing policy as part of close coordination with other CDPH Centers and Programs. As part of the RPHO's duties to administer and monitor approximately 200 million dollars appropriated to LHJs and associated 3 year work-plans in a number of priority areas, the RPHO CEA A will:

1. Lead a cross-functional team in the development of regional approaches to establish specific programs and policies that take into consideration unique local conditions while supporting the overall statewide vision.
2. Provide a forum for gathering information to set statewide policy, including a public health policy agenda for the state. The CDPH RPHO will meet monthly/quarterly as a minimum requirement LHJs. These meetings will serve as a regularly established forum for discussion and information gathering related to potential state and local policies in defined priority areas.
3. Administer the state's Future of Public Health General Fund dollars (200 million general fund beginning in state budget year 2022/2023) and develop metrics, goals, standards and policies for investing the funds.
4. Analyze, inform, and support policy development in the areas of regional public health needs such as regionalization of training or laboratory capacity.
5. Recommend policies for effective and strategic coordination of the RPHO and its regional representatives with the Regional Disaster Medical and Health Specialists during large-scale emergencies.

Additionally, as new laws and regulations are implemented, it will be critical for the proposed CEA A to review and interpret policies and programs that are being implemented through the RPHO; as well as impacts on coordination efforts that programs identified as priorities for the Department.